

Having an Endoscopic Mucosal Resection (EMR) to remove polyps from your bowel

Bowel Cancer Screening
Endoscopy Unit
Information for Patients

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Introduction

This leaflet will explain a procedure called an Endoscopic Mucosal Resection (EMR) that you have been advised to have. This procedure is used to remove large polyps from your bowel.

The information aims to answer any questions that you may have about the procedure. Please contact us if you have any more questions or concerns.

What is an EMR?

An EMR is a technique that removes large polyps while you are having a colonoscopy or flexible sigmoidoscopy. A cushion of fluid will be injected underneath the polyp. This makes the polyp lift away from the bowel wall. A metal wire loop (snare) is then used to remove the polyp. This also seals any blood vessels that could bleed. The polyp may be removed as a whole or in pieces.

The doctor doing the EMR (Endoscopist) may mark the area the polyp was removed from with ink (tattoo). This makes the area easier to find if it needs to be looked at in the future.

Why have I been referred for an EMR?

You need an EMR because your polyp was too large to be removed at your first procedure and needs the EMR technique. The aim of the technique is to remove the polyp safely and completely. It also reduces the risk of complications like a hole in the bowel wall (perforation), bleeding or the polyp coming back. The polyp is sent to the labs to see if there are any abnormal cells. The EMR technique avoids the need for an operation.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Are there any other options?

You can leave the polyp where it is. This could increase your risk of getting bowel cancer if the polyp grows.

Surgery can sometimes be done to remove the polyp but you would need to have a general anaesthetic and stay in hospital for longer. You would also have scars on your tummy (abdominal scarring).

What are the risks of an EMR?

Most EMR procedures are done without any problems, but there is a small risk of serious complications, such as bleeding or a hole in the bowel wall (perforation).

The risk of bleeding is about 2 to 10%. This depends on the size of the polyp and where it is. The highest risk of bleeding is for big polyps, on the right-hand side of the bowel and if you take medication to thin the blood.

Bleeding during the procedure can usually be managed at the time of the EMR.

Perforation is uncommon, it happens in less than 1% of EMR procedures. If it does happen you will need to be admitted to hospital and may need to have surgery. Sometimes, we may need to make an opening in the stomach wall (stoma) during the surgery.

What do I need to do before my procedure?

The Specialist Screening Practitioner will arrange your appointment. They will give you all of the information and paperwork you need. They will also give you a laxative you will need to take at home.

You will also need to follow the low fibre diet 3 to 7 days prior to the EMR. Information about this is in the leaflet "Preparing for an endoscopy procedure involving the bowel with a low residue/ fibre diet".

We will talk to you about your current medications. If you are taking medications for blood thinning, diabetes or iron tablets you may need to stop taking them.

You may need to arrange for a family member or friend to collect you to take you home after the procedure but the Specialist Screening Practitioner will talk to you about this when booking the EMR.

How long will I be in the department?

The procedure will be done as a day case and you will be with us for either a morning or an afternoon. In some cases you will need to stay for the whole day to recover after your procedure.

What happens during my procedure?

The procedure may feel similar to your previous colonoscopies. The EMR can take longer than a standard procedure, this can vary depending on the size and position of the polyp.

You will be offered a sedative injection and a painkiller to make you feel more relaxed. This is conscious sedation so you will be awake during the procedure. It is not a general anaesthetic. You can find more information in the leaflet "Colonoscopy: Sedation Information Sheet" given to you by the Specialist Screening Practitioner

What happens after my procedure?

After the procedure you will be taken to the recovery area where you will be monitored. After you have had a rest you will be given something to eat and drink. If you go to the toilet and any blood comes out of your bottom, tell the endoscopy nurse. Before you go home you will be seen by one of the screening practitioners and they will give you a contact number to call if you have any side effects from the procedure. If you have had a sedative injection you will need to be collected by a relative or friend. The Specialist Screening Practitioner will have spoken to you about this when arranging the procedure.

What side effects should I look out for at home?

- A fever – feeling hot or cold
- Feeling sick (nausea) or being sick (vomiting) with or without blood
- Tummy (abdominal) pain that does not go even after taking a pain killer
- Heavy bleeding – more than a spot on some toilet paper.
- Having jet black poo (stool).

If you get any of the above contact Bowel Cancer Screening on 0116 258 3640 during opening times (Monday to Friday, 8am to 6pm). At any other times contact your GP, 111 helpline or go to the Emergency Department. You will be given a copy of your endoscopy report, you should take this with you if you go to the Emergency Department.

If you have to see a doctor or are admitted to hospital with any of the above, please contact the Specialist Screening Practitioner at Glenfield Hospital on:- **0116 2583640**

Glenfield Hospital, Groby Road, Leicester, LE3 9QP

When can I return to my normal activities?

You can eat and drink as normal when you get home.

You can restart your daily activities after 24 hours, once the sedation has worn off, but avoid heavy lifting or doing anything that will put strain on your tummy (abdomen).

If you have had a sedative injection you should not drive for 24 hours.

You should not fly at all for 2 weeks after your EMR and should not travel to other countries for 2 weeks.

Contact details

If you need to talk about your appointment please contact: a Specialist Screening Practitioner at Glenfield Hospital on: **0116 2583640**

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على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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